



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

HUMANITARIAN CRISIS IN HAITI – SUPPORT TO THE HEALTH SECTOR



**Report presented to the Office for Disaster Assistance
OFDA
Final Report March 2005**

Background and project justification

The departure of President Jean-Bertrand Aristide from Haiti on 29 February 2004 marked the end of several months of severe political civil unrest. The political crisis has dealt a heavy blow to the country's infrastructure and economy, already weakened by years of instability and chronic underdevelopment. During the period of unrest, the Haitian National Police were unable to stand against the insurgents who, although smaller in number, were better organized and had superior firepower. Starting in Gonaives and spreading out to the northern part of the country, armed groups took control of public facilities, sometimes jeopardizing their neutrality (e.g. health centers and hospitals). Most schools and health centers stopped operating and food security was seriously undermined. Key public health programs, such as child immunization, treatment for people living with HIV/AIDS and TB control, were interrupted. In addition to this, the re-supply of health centers and regional pharmacies in essential drugs and material was interrupted because of security reasons.

After Mr. Aristide's departure, an interim president was sworn in and an interim government was installed for a transition period leading up to elections toward the end of 2005/beginning of 2006. A UN-sanctioned Multinational Interim Force (MIF) arrived in Haiti and in resolution 1529, the Security Council declared its readiness to "establish a follow-on United Nations stabilization force to support continuation of a peaceful and constitutional political process and the maintenance of a secure and stable environment." The United Nations Stabilization Mission in Haiti (MINUSTAH) started operation in Haiti in May.

PAHO's actions during and after the political crisis were focused on coordination, monitoring of the health situation in the country, collection, analysis and distribution of epidemiological information to all partners in the health sector and distribution of essential drugs and medical material through the Essential Drugs Program PROMESS¹.

¹ PROMESS is the Central Procurement Agency for drugs and medical supplies managed by PAHO, founded in 1992 during the humanitarian crisis. PROMESS provides drugs at low cost to public health institutions, NGOs and non-profit organizations. PROMESS also stores and distributes drugs, vaccines, TB drugs, etc.) related to the main priority programs which are subsidized by donor agencies.

A proposal was sent to various donors (DFID, OFDA, CIDA, SIDA, ECHO and others) including the activities mentioned above. In addition, PAHO participated in the preparation of the Haiti Flash Appeal of March 2004.

The departure of President Aristide and the end of the political crisis did not, however, mean the end of Haiti's troubles. Heavy rain at the end of May caused severe flash floods and mudslides in the southeastern part of the country. Tens of thousands of people were affected by the disaster. Houses, livestock, food gardens, food supplies, water storage tanks and public buildings were washed away.



Heavy rain at the end of May caused severe flashfloods and mudslides in the South Eastern part of the country. Tens of thousands of people were affected by the disaster.

In September disaster struck again, this time in and around the city of Gonaives and the North West province. The combination of tropical storm Jeanne, the disastrous environmental situation and a weak and neglected infrastructure resulted in the loss of more than 2,000 lives, while 900 people are still missing and presumed dead. Renewed political violence and social unrest started again at the end of September, paralyzing the economy and hampering relief efforts for the flood-affected population. Former military groups have de facto control of a number of towns and in several districts of the capital, heavily armed gangs clash on an almost daily basis with MINUSTAH and the Haitian national police. Some PAHO staff has been directly affected by the violence. Although the acute political crisis and instability of the beginning of the year has subsided the situation remains fragile and political divisions in the country are far from resolved.

Beneficiaries

At the time of writing the proposal (February 2004) the most affected by the socio-political crisis were the inhabitants of the three Northern provinces (Nord, Nord-Ouest and Nord-Est) and the departments Centre (Port-au-Prince) and Artibonite (Gonaives). Due to the violence that started in Gonaives, the North was virtually cut off from Port-au-Prince causing shortages of fuel, food and drugs. Special attention was given to assist the population of those areas. Unrest, however, also occurred in other areas (i.e. Petit Goaves) and the above described natural disasters necessitated interventions in other parts of the country as well.

Objective

To ensure essential provision of public health to the population during the crisis through partnerships and coordination with all agencies, NGOs and the existing system.

Expected results and activities



A rapid assessment of health infrastructure showed that members of the public who sought help in 22 of the 40 health facilities surveyed were unlikely to get adequate care due to emergency conditions.

In early January, a Crisis Cell was established in PAHO/WHO to anticipate and coordinate the activities of different health partners. Members of the Crisis Cell included national and international NGOs, the Ministry of Health, PAHO/WHO and several UN agencies. Meetings were held on a regular basis. Even at the most critical stage of the crisis, PAHO remained functional, maintaining a network of UN agencies and NGOs – linking them with local health authorities providing health services in Haiti. The Crisis Cell was ‘re-activated’ after the floods in May. The Crisis Cell met 1-2

times a week to coordinate the activities of all partners in the area. (MSF-B, MDM-F, ICRC/IFRC, Ministry of Health, Oxfam, Cuban Doctors etc)

During and shortly after the political crisis, several evaluations were carried out. A rapid assessment of health infrastructures in the Port-au-Prince metropolitan area, conducted by PAHO in coordination with the Ministry of Health, UNFPA, UNICEF and NGO partners, showed that members of the public who sought medical attention in 22 of the 40 health facilities surveyed were unlikely to get adequate care due to emergency conditions. These institutions had been functioning - albeit with inadequate staff, infrastructure and financial resources - before the events. One of the conclusions of the rapid assessment of the impact of the socio-political crisis on the health sector countrywide was that, although immediate rehabilitation measures were necessary, these activities would not solve the chronic and structural problems in the sector (dysfunctional health care system, understaffing,

depletion of stocks of drugs and material, weak management and limited accountability).

The rapid assessment of the impact of the crisis served as the basis for the emergency rehabilitation plan of the Ministry of Health (Plan Operationel d'Urgence de Rehabilitation des Institutions de Santé et Entités Centrales). PAHO is currently carrying out rehabilitation work with funds received from DFID in four hospitals identified by the Ministry of Health (the country's biggest referral hospital: Hopital de l'Université d'Etat Haitien (HUEH) in Port-au-Prince, the maternity hospital Isaie Jeanty, Hopital Notre Dame in Petit Goaves and CHOSCAL hospital in Cite Soleil). The rehabilitation work focuses mainly on reinforcing the emergency rooms and operating theatres of these hospitals. The hospitals will also receive medical equipment needed in the operating theatres and emergency rooms.

The repairs in CHOSCAL, which is located in Cite Soleil (considered to be one of the most infamous slum areas of the Americas), have been hampered due to the security situation. The area is off limits for UN staff and MDM-Canada team (PAHO's partner in this activity) was forced to move to other health facility outside Cite Soleil. The contractor was threatened and does not intend to reassume activities in the foreseeable future, unless the circumstances improve. We are assessing the possibility to work in rehabilitation/provide medical equipment to the Eben Ezer health center located in Gonaive, instead. This center is taken over by MDM-C and needs repairs and equipment.

Despite the short distance between Port-au-Prince and Petite Goave it is extremely difficult for our contractors to make the journey there which can take, on a normal day, more than two hours. Demobilized soldiers, in control of Petit Goave for several months, often put up road blocks, obstructing all traffic in and out Petit Goave. Our contractors fear for their safety and the safety of the materials, as many incidents of robbery have been reported. Rehabilitation activities, however, are being carried out and provided the security situation does not deteriorate, should proceed as planned.

Expected Result 1

Provision of medical supplies (essential drugs, disposables, surgical supplies) to the main hospitals and clinics in the affected areas.

Activities

The activities of PROMESS increased considerably during the program period. In early March, a logistician was contracted to assist the manager of PROMESS in order to be better able to deliver essential drugs and medical materials to the departmental pharmacies. During the political crisis it was extremely difficult for the regional pharmacies (Depots Peripheriques) to go to PROMESS for their monthly

supply of drugs and medical material for the public and non-profit health institutions in the provinces. With an OFDA-chartered airplane, PROMESS could deliver much needed supplies to especially the northern part of the country.



During and in the months after the crisis PROMESS distributed essential drugs free of charge to 40 different health institutions country wide.

During and in the months after the crisis PROMESS distributed emergency supplies of essential drugs, surgical and other medical material free of charge to 40 different health institutions countrywide, including public hospitals and health centers as well as private non-profit health institutions (NGOs). Due to the long period of time since purchase and reception of drugs in Haiti, when available, medicines were distributed from PROMESS stock and they will be restocked when the shipment is received. Priority

was given to health structures that were particularly hit by the political crisis as well as organizations giving medical assistance to the flood-affected populations after the Mapou and Fond Verettes floods in May.

In addition to this, 12 standard WHO new emergency health kits (NEHK), each with drugs, medical material and supplies for a population of 10,000 people for a period of three months, and 1 surgical kit were donated to different partners in various parts of the country.

With the Ministry of Health, a list was drawn up for distribution of equipment and medical material from the stocks at PROMESS for different hospitals countrywide.

Expected Result 2

An emergency fund created to subsidize, only during the emergency period, essential drugs for the most vulnerable people who are not able to purchase them through the existing cost-recovery system.

Activities

All drugs and medical material distributed by PROMESS to NGOs and Ministry of Health structures during and shortly after the political crisis and after the floods in and around Mapou and Fonds Verettes were given to patients for free. In order to replace the drugs given to health institutions and NGOs as well as to keep adequate stock levels at PROMESS, large orders for the purchase of essential

drugs and medical consumables were placed with PAHO's suppliers in the US and Europe. To avoid spending considerable sums of money on transport, most of these orders have been shipped by sea freight. Delays occurred in the delivery of those orders to the central warehouse of PROMESS, due to a strike of the Haitian customs authorities as well as the detour of some ships due to the active hurricane season. PROMESS proved its value again in September after the floods in Gonaïves. In the week after the disaster, all health actors in Gonaïves (MSF-B, MDM-F, Argentinean MINUSTAH battalion) were supplied with drugs and medical material from PROMESS enabling them to provide health care to the affected population.

Expected Result 3

Epidemiological surveillance enforced through reactivating sentinel sites and using networks and NGOs working in the areas.

Activities

A simplified epidemiological surveillance system was initiated together with health partners (Ministry of Health, International NGO's) and sentinel sites were identified, not only in Port-au-Prince but also in the interior Departments. PAHO collected and analyzed the health data from all partners and set up an 'Epidemiological Situation Room'. These activities were later followed up (mid-May) by an ECHO-funded Epidemiological Surveillance program in four of the ten Departments. Thirty five sentinel sites were identified, training for the health staff was organized and, where necessary, the sentinel sites were equipped with a laptop computer and satellite email equipment. Nutritional indicators are now included in the epidemiological surveillance in order to get a better indication of the nutritional status of the population.



Sentinel sites have been identified in Port-au-Prince and the interior Departments, where PAHO collected and analyzed the health data from all partners and set up an

During the last few months, mixed Ministry of Health-PAHO teams responded to several suspected epidemics of diseases on the epidemiological surveillance list. In mid-June for instance, PAHO was alerted by a nurse of a national NGO working in Ca Pierre (approx 100 miles north of Port-au-Prince) when consultations in the local health centre tripled. A large majority of patients complained of fever, vomiting and diarrhea. A Ministry of Health-PAHO team went to the area for follow up. Laboratory analyses in Port-au-Prince of stool and blood samples from patients as well as water samples from a suspected source confirmed cases of typhoid. The team organized health education sessions in the community, while each household received water purification material. The health centre received a small donation of appropriate drugs. As the source of the infections was identified and cleaned, the spread of the disease could be prevented.

In cooperation with the Ministry of Health, and NGOs, PAHO set up four sentinel sites in the affected area (Mapou, Fonds Verettes, Bodari and Thiotte) after the floods in May. Daily analyses of data and epidemiological surveillance were carried out by PAHO.

Expected Result 4

Medical staff and first responders trained in emergency procedures and mass casualty management.



Training in mass casualty management and emergency procedures is an ongoing part of the activities of PAHO in Haiti.

Activities

Training in mass casualty management and emergency procedures is an ongoing part of the activities of PAHO in Haiti. In cooperation with the Ministry of Health, several disaster preparedness plans and guidelines for health staff at all levels have been developed over the last few years. Unfortunately, the final version of these guidelines (dated October 2003) has still not been validated by the Ministry of Health. The international consultant who was

contracted on several occasions over the last few years to help writing the guidelines, visited Haiti again in May to speed up the validation process at the Ministry of Health. In an effort to decentralize activities the consultant also

organized training in mass casualty management and emergency procedures for the health staff of referral hospitals at departmental level. Several medical doctors who participated in the training were later recruited to replicate the mass casualty management training in the four Departments that are considered most vulnerable to natural disasters (Grande Anse, Sud, Sud-Est and Nord-Ouest). During the months of August and September, PAHO organized four 3-day training sessions for health staff at different levels and from different public and private non-profit institutions (medical doctors, nurses, auxiliaries, Red Cross first aid volunteers, etc.) In total, 280 health staff were trained.

Expected Result 5

Logistic support and staff provided for dealing in the emergency areas and assist with hospital basic needs.

Activities

During February and March, PAHO distributed fuel to several hospitals in the metropolitan area of Port-au-Prince. This fuel was used to keep the hospital generators running. Diesel fuel was also donated to the ambulance service of the Haitian Red Cross and the metropolitan water company, CAMEP, to run their generators and water pumps. In total, 6,515 gallons of diesel fuel and 705 gallons of gasoline was distributed.

The country's biggest referral hospital, (HUEH - Hopital de l'Universite d'Etat d'Haiti) was particularly hit by the crisis. Due to understaffing, strikes, weak management and material shortages, the hospital was hardly functioning. In addition to donations in drugs, medical material and fuel, PAHO also donated and installed the old generator of PROMESS to keep the morgue of the hospital functioning. The morgue was emptied and cleaned and basic repairs to the air-conditioning equipment were carried out.



One of the expected results is to provide staff for dealing in the emergency areas and assist with hospital basic needs.

An Iveco truck with loading capacity of 2 metric tones was purchased in the Dominican Republic in order to be able to guarantee delivery of drugs from PROMESS.

In order to assist the national authorities in keeping track of incoming humanitarian supplies, several training sessions in SUMA (the Supply Management System of PAHO) were conducted by specialist consultants. A total of 28 people from different organizations (NGOs UNICEF, Haitian Red Cross) and government bodies (Civil Protection, Ministry of Health, customs authorities) were trained. Unfortunately the national authorities were not able to continue the registration of humanitarian supplies entering Haiti, due to lack of material (computers) and manpower. Steps are being taken to improve this situation.

To reinforce PAHO's coordination role, an international consultant was contracted for a period of six months.



With funding PAHO/WHO is able to assist CAMEP in re-establishing the supply of drinking water for the most populous areas in Port-au-Prince.

Expected Result 6

Drinking water to health facilities in affected areas provided

Activities

During the social unrest in February 2004, the downtown laboratory and offices of the metropolitan drinking water company, CAMEP, were severely vandalized. Electromechanical equipment (water pumps and generator) was damaged and/or stolen. Water supply in several parts of Port-au-Prince was extremely limited and the water was of dubious quality. Many health facilities in the area were completely without water supply. With co-funding from ECHO PAHO/WHO will be able to assist CAMEP in re-establishing the supply of drinking water for the most populous areas in Port-au-Prince as well as the rehabilitation of the company's laboratory so that the quality of the water can be monitored.

Expected Result 7

Public campaign to ensure safety of victims and staff in hospitals conducted.

Activities

During the socio-political crisis several serious incidents occurred in health institutions. A pregnant woman at the Isaie Jeanty maternity in Port-au-Prince was raped, several wounded patients in different hospitals in Port-au-Prince were lifted off their beds and disappeared and health staff was unable to go to work because of intimidation and other security reasons. The issue of safety and respect for the neutrality of hospitals and other health structures was raised on several occasions and in meetings with authorities, partners in health and hospital managers.



Radio spots on the main radio stations in the metropolitan area focused on safety of staff and patients of health institutions as well as general messages on health and hygiene.

In order to raise awareness, PAHO started a radio campaign in mid-February. Radio spots were broadcast on the main radio stations in the metropolitan area and press releases were distributed to the local media. The themes of the releases focused on safety of staff and patients of health institutions as well as general messages on health and hygiene. The general public was also informed about which emergency structures were still functioning.

Expected Result 8

Assistance to externally displaced persons in Dominican Republic provided.

Activities

To avoid large streams of Haitian refugees, the authorities of the Dominican Republic closed the border with Haiti late February. The borders between the two countries remained closed until mid-March. There were, however, no reports of large numbers of Haitians crossing the border into the Dominican Republic illegally.

Contact was maintained with the PAHO/WHO representation in the Dominican Republic to monitor the situation.

Also several International NGO's (MSF-Spain among others) carried out evaluation missions among Haitian communities living in the Dominican Republic. The findings of the assessment missions showed that there was no increase in numbers of Haitians living in their neighbor country and that their living conditions, although in many cases dire, did not deteriorate.



Haitians crossed the border into the Dominican Republic.

The floods in May affected both the Dominican Republic as well as Haiti. PAHO initiated several bi-lateral meetings at the border between the two countries. Officials of the Ministry of Health and PAHO Representations of both countries looked into the possibility of sharing resources and a joint response to such emergency situations.

During the month of May, the PAHO Representation in Jamaica followed up on reports of 460 recently arrived Haitian 'boat people' in Jamaica. PAHO assisted the Ministry of Health in the Portland area with medical

screening of the Haitian refugees, including testing for malaria and management of basic health clinics.

Conclusion

Despite the efforts of UN agencies, the transitional government, International NGOs and other actors, a large majority of the Haitian population remains extremely vulnerable. The response simply has not met the overwhelming needs. From a health point of view, the main threat to people's lives and well being are (a) infectious diseases, (b) lack of access to emergency health care and (c) shortage of treatment and essential medicines for people with chronic conditions. Restoration of access to affordable health care, including drugs and the services of well trained doctors and nurses, has been delayed by staff shortages, structural problems and a continuing unstable security situation. The people's health is, however, a critical element of the nation's transition to a more stable future and intensified action to address Haiti's structural problems in the health sector is therefore needed.